UTILITY **PATENT APPLICATION** TRANSMITTAL

244295US0CONT Attorney Docket No.

First Inventor or Application Identifier

Tomoko MAEDA

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Title METHODS FOR ISOLATION OF OSTEOCLAST PRECURSOR CELLS AND INDUCING THEIR DIFFERENTIATION INTO OSTEOCLASTS

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents			ADDRESS TO	Commissioner for Patents D: Mail Stop Patent Application Alexandria, Virginia 22313						
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACC	COMPANYING APPLICATION PARTS						
			7. 🗆 Assig	nment Papers (cover sheet & document(s)) cation Data Sheet. See 37 CFR 1.76						
2.		Specification Total Sheets 25	8. Applic	cation Data Sheet. See 37 CFR 1.76						
			9. 🗆 37 C.I	F.R. §3.73(b) Statement Power of Attorney						
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 5	10. 🗆 Englis	h Translation Document (if applicable)						
			11. ■ Inform Stater	nation Disclosure Copies of IDS ment (IDS)/PTO-1449 Citations						
4.		Oath or Declaration Total Pages 3	12. 📕 Prelim	ninary Amendment						
	a.	☐ Newly executed (original or copy)	13. 🔳 White	Advance Serial No. Postcard						
	b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		ed Copy of Priority Document(s) gn priority is claimed)						
		 i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 		ant claims small entity status. CFR 1.27						
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. ■ Other	Request for Priority; International Search Report; PCT/IB/304						
6.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
	a.	☐ Computer Readable Form (CRF)								
	b.	Specification or Sequence Listing on :								
		i. \square CD-ROM or CD-R (2 copies); or								
		ii. Paper								
	C.	☐ Statements verifying identity of above copies								
17.	If a	CONTINUING APPLICATION, check appropriate box, and supplied	y the requisite inform							
		Continuation Divisional Continuation	in-part (CIP)	of prior application no.: 09/646,899, filed October 10, 2000						
Prior application information: Examiner: V. Afremova Group Art Unit: 1651										
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
		18. CORRESPOND	ENCE ADDRE	SS						
		Customer	Number							
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(703) 413-3000 FACSIMILE: (703) 413-2220										
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		me: Norman F. Oblon		Registration No.: 24,618						
Si	gnat	ture:		Date: [0/24/03						
	Na	me: Thomas M. Cunningham		Registration No.: 45,394						

Docket No.

244295US0CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tomoko MAEDA, et al.

SERIAL NO:

New Application

MG DATE: Herewith

OR:

METHODS FOR ISOLATION OF OSTEOCLAST PRECURSOR CELLS AND INDUCING THEIR DIFFERENTIATION INTO OSTEOCLASTS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE			CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	x	\$18	=	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	х	\$86	=	\$0.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)				\$290	=	\$0.00
☐ LATE FILING OF DECLARATION				\$130	=	\$0.00
	EE	\$770.00				
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☐ REDUCTION BY 50% F		\$0.00				
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A duplicate copy of this sheet is enclosed.

- A check in the amount of \$770.00 to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of \$0.00
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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